

TRANSPORTATION PROJECT EVALUATION CRITERIA

Project Title:

1. Local Project Contact (name and phone):
2. Washington Area Contact (if applicable):
3. Name and Congressional District of primary Member of Congress sponsoring the project, if applicable (Include staff names):
4. Other Members supporting the project, if applicable.
5. If the project is a highway project, which State or local agency is responsible for carrying out the project:
6. If the project is a transit project, please identify the transit operator (must be an eligible recipient of Federal transit funds):
7. If you or your agency are requesting more than one project in either TEA-21 or FY2004 Appropriations, please rank this project in relation to the other projects you have requested:
8. Briefly describe the total project.
9. Please identify the specific segment for which project funding is being sought, including terminus points.
10. Project Schedule.
 - a) What is the proposed schedule and status of work on the project?
 - b) What is the current stage of development of the project? (If the project is a transit new start, please specify whether the project is an alternative analysis, preliminary engineering, final design, has been issued a record of decision, under environmental review, or already has a current full funding grant agreement.)
 - c) Will the requested funding for the project be obligated within the next six years?
11. Project Plan
 - a) Is the project part of the NY State's long-range plan?
 - b) Is the project included in the metropolitan and/or NY State Transportation Improvement Program(s)?
12. Is the project considered by New York State and/or regional transportation officials as critical to their needs? Please provide a letter of support from these officials, if you have one.

13. Does the project have national or regional significance? Describe.
14. Has the proposed project encountered, or is it likely to encounter, any significant opposition or other obstacles based on environmental or other types of concerns? If yes, please describe.
15. Describe the economic, environmental, congestion mitigation, and safety benefits associated with completion of the project.
16. Has the project already received funding through New York State's federal-aid highway or transit formula apportionments or from other Federal, State, local, or private funds? If yes, how much and from what source?
17. Has the project received funding in a previous authorization act? If yes, please cite the act(s) and amount(s) authorized.
18. Has the project received funding in a previous appropriations act? If yes, please cite the year(s) and amount(s) appropriated.

If this project is for FY06 appropriations request, please fill out questions 19– 22:

19. Federal agency of jurisdiction:
20. Account:
21. Have you confirmed either with USDOT or your state DOT that this project is eligible for funds provided under the requested account?
22. Amount of Request for FY2004:

If this project is for TEA-21 Reauthorization, please fill out questions 23 – 26:

23. Please categorize the project. (Check one)

Highway or Bridge _____	Intermodal facility (passenger) _____
Transit rail new start _____	Intermodal facility (freight) _____
Bus, bus equipment, or bus facility _____	Bicycle and Pedestrian _____
Other (please identify) _____	

24. What dollar amount are you requesting in the authorization for this project?

25. Is the project eligible for use of Federal-aid highway or transit funds under Title 23 or Title 49 of the United States Code?

26. If the project is a highway or bridge project, is it on the National Highway System?

Please FAX AND EMAIL this form to Sally Schaeffer. The fax number is 202.225.7822. The email is sally.schaeffer@mail.house.gov. If you have any question please call at 202.225.3615. PLEASE DO NOT MAIL this form through the regular mail!!